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Ophthalmic Literature

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Ophthalmic Literature

VOL. VI. NOVEMBER, 1916. NO. 11.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

THE MERGER OF OPHTHALMIC JOURNALS.

Since the appearance of our October number, the correspondence on this subject, received by the editor, has made very interesting reading. Some of it is entirely confidential; part of it will some time furnish valuable data for the history of ophthalmology in America. The important points it shows are these: A good many readers of ophthalmic journals are quite alive to the deficiencies of present publications, and eager to see America better represented in the world literature of ophthalmology. The most thought about the subject, the deepest interest in it, and the greatest practical wisdom, born of experience, that can be brought to bear on it, are possessed largely by those who have devoted years of effort and liberal financial support to establish and maintain the journals that we now have.

This latter fact, more than the mere clearing of the field from competitors, makes it important that the representative American journal of ophthalmology be brought into existence by the merging of journals already existing. The intellectual organization behind a publication is the most essential condition of its usefulness. We have in America an able group of experienced organizers, developed by years of effort in this field, whose services will be yielded to the common enterprise in the same earnest, self-sacrificing way as they have been offered to secure the lesser advantages gained for the American ophthalmologist in the past. When their efforts are coordinated and brought to a focus on a common enterprise, the results will be manifestly greater than any heretofore achieved in ophthalmic journalism.

It can be stated that all the principal ophthalmic journals of the country have now been heard from, and with a single exception, the men who control them are prepared to enter into negotiations to bring about the merger. The exception is in no way based upon opposition to the movement, and will not prevent or render it more difficult. All that is asked by those who will join in the merger is fair recognition of the work that has been done for ophthalmic journalism in this country, and some reasonable evidence that the ophthalmologists of America are ready to support a better ophthalmic journal.

The form of publication that would result from such a merger of interests is quite uncertain; the ideas regarding it are still very indefinite. But various important suggestions have already been offered. It might take the shape of a single monthly journal, in which all departments of ophthalmic literature would be represented at regular intervals. To this might be added supplements, presenting at appropriate times in most convenient form, certain parts of the current literature. There might even be separate publications, appearing as distinct journals; but each managed under the combined interests, in close coordination and full harmony with the other branches of the

general literary service; in such a way as to avoid duplications and wasteful rivalries of every kind, and to secure the maximum of economy and efficiency of effort. It is safe to say that the practical talent enlisted in this movement will work out a solution, which, if not now wholly foreseen, may be trusted to achieve most desirable results.

THE PRICE OF A BETTER JOURNAL OF OPHTHALMOLOGY.

No one will deny that to have the best journal of ophthalmology now obtainable would be a great benefit to American ophthalmologists. But what will it cost? Are American ophthalmologists willing to pay the price? It is safe to assume that no general demand for such a journal has heretofore found effective expression, or the journal would now exist. But it may well be that the appreciation of such an advantage is already keen and common among those whose leadership the mass of the profession would gladly follow, and that throughout the great mass of ophthalmologists there is a preparation for such an advance.

Let us have some cold figures with regard to the cost of ophthalmic journals. They may chill hopes of getting something for nothing, but they will prove fuel to the fire that will render possible the shaping of support for the better journal. What is the cost to subscribers of the existing American journals?

American Journal of Ophthalmology	$ 3.50
Annals of Ophthalmology	4.00
Archives of Ophthalmology	5.00
Ophthalmic Record	4.50
Ophthalmology	5.00
Ophthalmic Literature	5.00
Ophthalmic Year Book	10.00

It is probable that comparatively few American ophthalmologists are taking all these publications and paying $37 per year for them. But it is certain that less than half the ophthalmologists of the United States are paying a gross amount of between $15,000 and $20,000 a year for their American ophthalmic journals. While this expenditure gives to comparatively few everything that all these journals have to offer, it is certain that by full cooperation and unified management, such a sum would give to every subscriber something more valuable than any of us can obtain at present.

The **British Journal of Ophthalmology** is to be a sixty-four-page monthly journal. Its subscription price will equal $7.50 a year. The large standard German journals of ophthalmology, which have done much to develop the idea of German leadership in this branch of medical science, have cost approximately per year as follows:

Zeitschrift für Augenheilkunde	$ 7.50
Nagel's Jahresbericht	9.50
Klinische Monatsblätter für Augenheilkunde	12.00
Archiv für Augenheilkunde (3 vols.)	12.00
Graefe's Archiv für Ophthalomologie (3 vols.)	20.25

In this connection it should be borne in mind that the cost of publication in both Germany and England is much lower than in America. It is not necessary or advisable to name any figure at this

time. But, bearing in mind also that our profession receives better fees in America than anywhere else in the world, what would be a reasonable annual subscription price for an ophthalmic journal that should render more extended and complete service than has any English or German publication?

Does the American ophthalmologist want a preeminently good ophthalmic journal? Is he ready to pay for it? He is now paying more for gasoline than for the literature of his specialty. He is up to date as to operating instruments, ready to support the instrument makers, by purchases not more than half of which will be of any value to him; but as to the literature of his specialty he is generally thinking in the terms of a former generation. Such a condition can not continue always. Has the time come when we can get together, do some efficiency engineering with regard to our means of communicating our professional ideas, and lead the world in the journalism of ophthalmology?

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Betti, L. Etiology and Prophylaxis of Postoperative Infections of the Eye. (Annali di Ottalmologia, 44th Year, p. 411.)

This article presents a valuable review of the literature of the subject, with an extensive bibliography. Investigating the effect upon the bacteria which normally inhabits the human conjunctiva of a sterile foreign body in the cornea, Betti came to the conclusion: that irritative conditions of the conjunctiva have a deleterious action on some of the microorganisms which thus frequent the conjunctival mucosa, especially the pneumococcus and the staphylococcus, while the xerosis bacillus, the diplobacillus of Morax-Axenfeld, and the bacilli of the Pfeiffer group do not seem to be at all affected.

In the matter of prophylaxis for the purpose of rendering sterile the conjunctiva of eyes upon which it is intended to perform surgical operations, Betti's experimental findings agree with those of earlier

writers. In fourteen cases studied, in which the object aimed at was mechanical antisepsis of the conjunctival sac, in normal eyes or eyes affected with slight chronic irritations, by prolonged and repeated lavage with sterile physiological salt solution, it was impossible to render the conjunctiva sterile, even when the treatment was continued as long as from six to ten days; the number of germs being only temporarily diminished, without affecting the vitality of those which remained.

"Chemico-mechanical" antisepsis, by lavage three times daily with 200 cc. of a 1:10,000 solution of oxycyanide of mercury, showed that the pneumococcus, in the larger number of cases, yielded to the action of the drug, generally disappearing from the conjunctiva after a few days, although rarely persisting as long as ten days. The staphylococci were very resistant to this treatment, and the xerosis bacillus still more so. "Chemical antisepsis," with solutions of sulphate of zinc and other drugs, instilled three times daily, indicated that it is not possible to obtain constantly disappearance of the pneumococcus from the conjunctiva, and still less of the other habitual occupants of this mucosa, in a brief limit of time compatible with the exigencies of practice. Not even optochin showed itself capable of providing a sufficient guarantee against the danger of postoperative infection of the eye.

On the other hand, experiments showed that, in the presence of healthy lacrimal passages, it was nearly always possible to free the healthy conjunctiva of the pneumococcus, staphylococcus and xerosis bacillus in one or at the most two days, by treating it twice daily with a mixed ointment of basic optochin (0.5 per cent.) and of yellow oxide of mercury (2 per cent.). Betti finds that this method is the only one which, without injuring the integrity of the conjunctival mucosa, is capable in a short time, and with almost absolute certainty of result, of rendering the conjunctiva completely sterile, or at least of freeing it from those bacterial species which are by far the most common causes of surgical infections of the eye. He has used the method in actual practice in 91 cases of operations on the eyeball, including 37 extractions or discissions, 45 iridectomies, and 9 Elliot trephinings; and in none of this series of cases has he had the least infective complication. The postoperative course in individuals treated prophylactically by this method was very favorable. Usually the reaction to the surgical traumatism was limited to a slight hyperemia of the conjunctiva, often confined to the region corresponding to the wound.

Kirkpatrick, R. Extraction With and Without Capsulotomy. (Annual Report, Government Ophthalmic Hospital, Madras, 1915).

Of 910 cataract extractions performed in one year at this hospital, 490 were done with capsulotomy and irrigation. This included all the operations done up to the end of May; and 87 operations performed on one-eyed persons, or on eyes having suspicious conjunctivas, or signs of disease in the deeper parts. The remaining 420 operations were by expression of the lens in its capsule, being all the cases occurring after May, except those reserved for capsulotomy as above stated. The following table gives a comparison of the results obtained. Vision of 6/36 being counted success; less than that and more than counting fingers at 2 meters, partial success; and inability to count fingers at 2 meters, failure:

	Success.	Partial Success.	Failures.
Capsulotomy	429 (87.5%)	45 (9.2%)	16 (3.3%)
Expression	350 (83.3%)	30 (7.1%)	40 (9.5%)

"In the first series the failures were 16, and of these 4 were due to secondary capsular cataract and were capable of cure. Two were due to expulsive hemorrhage and one to retinal detachment. One was

caused by capsule impaction and two by iritis. There were no instances of suppuration, a fact which is further evidence of the harmlessness of irrigation, and the value of conjunctival disinfection—both of which measures are thoroughly carried out in this hospital.

"In the series of 420 expressions in the capsule, the cause of failure in 21 instances out of the 40 was iridocyclitis following impaction of the hyaloid and vitreous subsequent to the operation. In most of these cases the eye was quiet and the chamber formed on the third day, rupture of the wound and prolapse of the hyaloid occurring when the patient moved about more freely. Iridocyclitis followed a vitreous escape at the time of the operation in six instances.

"Three failures—a percentage of 0.71 in the series—were due to suppurative panophthalmitis. There is no doubt that infection took place through the elbow of the pressure hook touching the lower lid, and was easily avoided when the error in technique was recognized. In 11 per cent. of the operations escape of the vitreous took place; in the vast majority of instances the amount lost was very small, being in many cases a mere smear.

"The figures of the two modes of operation (capsulotomy and expression) are quoted not as evidence that one is necessarily better in all cases than the other, but as a record of the results obtained in Smith's operation by an operator accustomed to successful extraction after capsulotomy; who, having the advantage of a skilled assistant, has performed Smith's operation after a careful perusal of the written descriptions by Colonel Smith and Doctor Vail."

Pissarello, C. Action of Radium on Conjunctival Tuberculosis. (Annali di Ottalmologia, 44th year, p. 272.)

The first case described was in a girl of six years. The ocular disturbance had begun about two years previously. The pathological condition appeared as fleshy granulations and vegetations of the cockscomb variety, with ulcerations. The second patient was a man of twenty-one years. The condition had been noticed for several months. The lesions consisted of an indurated tumefaction of the left lower lid, with numerous cauliflower vegetations of the tarsal conjunctiva of the upper lid, but no ulcers. Involvement of the preauricular glands had resulted in the formation of a large preauricular abscess.

In both patients the diagnosis of tuberculosis was definitely confirmed by laboratory and experimental tests. In the first case treatment with radium led to a cure (between the 25th of March and the 1st of May, 1914), and with a total of three and a quarter hours of applications; although previous local surgical and medicinal treatment lasting over a period of forty days had produced no positive results. An incidental satisfactory feature of the radium treatment was that the child, excessively intractable at the first sitting, became exceedingly docile and obedient after learning that no pain was involved in the treatment. In the second case, although the general condition was serious, a two months' course of treatment with radium, with a total of five hours' applications, together with surgical excision of the vegetations of the upper lid, resulted in practically complete restoration of the lower lid to its normal condition, and an effect in the upper lid differing from this almost solely by the presence of surgical and other cicatrices.

Casali is apparently the only author who has previously reported the use of radium for this condition. In view of the results obtained by Casali as well as by Pissarello, the latter considers it desirable always to try treatment with radium in localized tuberculosis of the conjunctiva.

Verderame, F. Ocular Lesions Due to Explosion of a Cartridge. (Annali di Ottalmologia, 44th year, p. 149.)

Three days after the injury, objective examination revealed a penetrating wound in the external portion of the lower lid near the outer orbital angle, accompanied by chemosis and slight ecchymosis of the lower transitional fold and of the bulbar conjunctiva. With the exception of a trace of hyphema in the anterior chamber, and a diminished pupillary reaction to direct light, the external examination offered nothing in particular. The ocular tension was greatly reduced. In the vitreous were a few very minute floating bodies, the dioptric media being otherwise completely transparent. The optic disc was moderately congested, and a very minute hemorrhage was noticed at the lower external border of the disc. Other sanguineous extravasations, of small extent and mingled with small whitish-yellow spots, were found in the macular region. The most striking change in the ocular fundus consisted of extensive and voluminous extravasations of blood mixed with lacerated retinal and choroidal tissue in the lower outer equatorial region. Above and outward there was a superficial detachment of the retina. Central visual acuity was reduced to counting movements of the hand at 1.5 meter. The visual field was restricted on the nasal side, and luminous projection was deficient on the same side. There was a small absolute central scotoma for white and colors. In view of the absence of general symptoms, especially on the part of the central nervous system, it was considered probable that a foreign body had remained in the orbital cavity, and the changes in the region of the optic nerve, together with the loss of central vision, led to the conclusion that it had injured the intraorbital portion of the optic nerve.

One exploratory probing through the wound in the lower lid, showed it was possible to carry the instrument three or four centimeters deep in the direction of the apex of the orbit, and by cautions palpation in various directions the examiner found an abnormal point of resistance, like a metallic body. It was found practicable to remove the foreign body by means of a pair of forceps introduced through the wound in the lower lid. It was a flat fragment of brass, slightly oxidised, of a maximum length of almost two centimeters and a maximum breadth of about a half centimeter.

Almost a year later the condition of the eye was as follows: Vision was limited to counting of fingers at three meters, and projection was uncertain on the nasal side. The pupil was very slightly larger than that of the sound eye, and reacted fairly well to light. The optic media were transparent. The disc was rather pale, especially on the temporal side, and its boundaries were not sharply defined. Upward and outward from the disc was a small circumscribed focus of slaty, almost black color, and at a distance of about a half disc diameter from this area and in the same direction was found a second focus, similar but less pronounced. The macular region was slaty in color, with increase and irregularity of pigment. Towards the temporal side of the fundus there was a glistening greyish-white reflex, more prominent than the rest of the fundus, and surrounded by a blackish rim of pigment (cicatrization and proliferating retinitis).

The author's conjectures in regard to the exact nature of the lesion of the optic nerve include a contusion or partial laceration of the nervous tissue, or perhaps both contemporaneously, and also possibly the contributing effect of hemorrhage within the sheath of the optic nerve, this supposition being supported by the delicate hemorrhage limited to the papillary margin.

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We extend the heartiest possible welcome to volume 11 of Edward Jackson's Ophthalmic Year Book, a work indispensable to any ophthalmic surgeon who is not wholly indifferent to the literature of his specialty.—Ophthalmoscope, v. 13, p. 584.

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